

EXHIBIT B

Jacobs, Ray	5/6/2016	FedEx to client encl. intake packet	\$42.95
Jacobs, Ray	6/16/2016	Postage- sending client HIPAA form to execute	\$1.15
Jacobs, Ray	9/2/2016	Postage- Update letter to client	\$0.47
Jacobs, Ray	11/3/2016	Check No. 1449 to North Carolina Neuropsychiatry for evaluation	\$4,500.00
			\$4,544.57



Invoice Number	Invoice Date	Account Number	Page
6-615-37322	May 20, 2016	3440-9709-7	1 of 3

FedEx Tax ID: 71-0427007

Billing Address:

THE STECKLER LAW FIRM
JAMIE BACIAK
12720 HILLCREST RD STE 1045
DALLAS TX 75230-2079

Shipping Address:

BACIAK, JAMIE
THE STECKLER LAW FIRM
SUITE 1045
12720 HILLCREST RD STE 1045
DALLAS TX 75230-2079

Invoice Questions?**Contact FedEx Revenue Services**

Phone: (800) 622-1147

M-F 7 AM to 8 PM CST
Sa 7 AM to 6 PM CST

Fax: (800) 548-3020

Internet: www.fedex.com

Invoice Summary May 20, 2016**FedEx Express Services**

Transportation Charges		41.50
Bonus Discounts		-6.64
Special Handling Charges		8.09
Total Charges	USD	\$42.95
TOTAL THIS INVOICE	USD	\$42.95

NFL

You saved \$6.64 in discounts this period!

Shipments included in this invoice received an earned discount. If you would like to know how it was calculated, please go to the following URL:
<https://www.fedex.com/EarnedDiscounts/>.

Other discounts may apply.

Detailed descriptions of surcharges can be located at fedex.com

To ensure proper credit, please return this portion with your payment to FedEx.
Please do not staple or fold. Please make check payable to FedEx.

☐ For change of address, check here and complete form on reverse side.

Invoice Number	Account Number	Amount Due
6-615-37322	3440-9709-7	USD \$42.95

Remittance Advice**Your payment is due by Jun 04, 2016**

344097096615373229000000429525



THE STECKLER LAW FIRM
JAMIE BACIAK
12720 HILLCREST RD STE 1045
DALLAS TX 75230-2079

FedEx
P.O. Box 660481
DALLAS TX 75266-0481

**Invoice Number**

6-615-37322

Invoice Date

May 20, 2016

Account Number

3440-9709-7

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FedEx Express Shipment Detail By Payor Type (Original)**Ship Date:** May 06, 2016**Cust. Ref.:****Ref.#2:****Payor:** Third Party**Ref.#3:**

Fuel Surcharge - FedEx has applied a fuel surcharge of 0.50% to this shipment.
Incorrect recipient address.


Automation	SSFO	Sender	Recipient	
Tracking ID	783007682897	JAMIE BACIAK	RAY JACOBS	NFL
Service Type	FedEx Intl Priority	FDX EXP/REDBIRD	526 HIGH PARK CT	client
Package Type	FedEx Envelope	12720 HILLCREST RD STE 1045	HIGH RIVER AB T1V 0A4 CA	
Orig./Dest.	DAL/YYC	12720 HILLCREST RD STE 1045		
Zone	B	DALLAS TX 75230 US		
Packages	1			
Rated Weight	0.4 lbs	Transportation Charge		41.50
Declared Value	USD 25.00	Fuel Surcharge		0.19
Delivered	May 12, 2016 17:17	Automation Bonus Discount		-6.64
Signed by	R. JACOBS	Residential Delivery		3.65
FedEx Use	_/US0010/_	Direct Signature		4.25
		Total Transportation Charges	USD	\$42.95
		Third Party Subtotal	USD	\$42.95
		Total FedEx Express	USD	\$42.95

DEAN GRESHAM PC 03-12
2911 TURTLE CREEK BLVD STE 1400
DALLAS, TX 75219

1449

88-2299/1113
3313

DATE 11/3/16

PAY TO THE ORDER OF North Carolina Neuropsychiatry \$ 4800.00
four thousand five hundred & no/100's DOLLARS  Security Features Details on Back

PlainsCapital Bank 
www.plainscapital.com
Dallas, Texas

FOR Ray Jacobs 11/11/16

Dean Gresham MP

REDACTED

North Carolina Neuropsychiatry, PA
BILLING POLICY FOR PROFESSIONAL LEGAL SERVICES

Legal evaluations performed in our office are required to be paid in full prior to the appointment. If retaining Dr. Hervey as an expert witness, the retainer fee will be quoted on a case by case basis. Payment in full is expected for Independent Medical Evaluations prior to the appointment at the rate of \$4,000 - \$10,000. Dr. Hervey does not allow third party observations or any form of audio or video recording of evaluations.

Payment in full is expected for all depositions at the rate of \$500 per hour scheduled with a 2-hour minimum (\$1000). Record review, conferences and pre-deposition meetings will be billed at \$300/hour. Expert witness fees, travel fees and expenses will be billed separately.

The appointment made for all legal services will be guaranteed upon receipt of payment and the signing of this document. If payment in full is not received at least one week prior to the appointment from the appropriate person, the appointment may be cancelled except for Worker's Compensation Depositions. By signing this document, in regards to a Worker's Compensation Deposition, you are agreeing to submit the bill and a proposed order to the Industrial Commission and inform us when doing so.

It is understood that if an appointment or deposition is cancelled within 24 hours for any reason, the party responsible for payment will be charged for the original appointment fee. If the appointment or deposition will be rescheduled, you will be responsible for repayment.

Payment in full for all billed legal services (other than evaluation prepayment) is due 30 days from the date services were rendered. There will be an interest charge of 1.5% per month (18% annually) applied to all balances over \$10.00.

Patient/Case Name: Ray Jacobs - NFL Concussion Settlement - Class Action

Quoted Retainer: _____ Evaluation Fees: \$4500.00


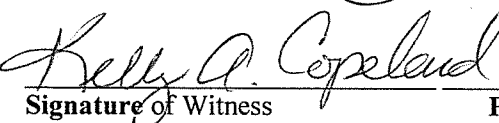
Note. The retainer is a separate charge above and beyond the evaluation fee.

LEGAL RETAINER FEE

In many instances upon completion of the initial records review, you will be given the option of simply paying for the record review or paying a Legal Retainer Fee. The legal retainer fee is separate from all other legal fees and evaluation fees. It is non-refundable and includes the initial record review. It guarantees the right to use Dr. Hervey as an expert witness and that he will ensure availability if the case goes to trial.

If you decide not to retain, we cannot guarantee the provider's availability.

Please sign below that you have read, understood, and agree to the above policy.

 Signature of Legal Representative	<u>Tonja Nichols</u> Printed Name of Legal Representative	<u>11 / 3 / 2016</u> Date
 Signature of Witness	<u>Kelly A. Copeland</u> Printed Name of Witness	<u>11 / 3 / 2016</u> Date

1829 E. Franklin Street, Bldg. 400
 Chapel Hill, NC 27514
 T 919 933-2000
 F 919 933-2830

6911-100 Shannon Willow Road
 Charlotte, NC 28226
 T 704 529-4101
 F 704 529-6655

2605 Blue Ridge Road, Suite 225
 Raleigh, NC 27607
 T 919 785-5055
 F 919 573-6689

LEGAL REFERRAL FORM

Claims to be billed to:	Name	<u>Steckler Gresham Cochran</u>
	Address	<u>12720 Hillcrest Rd.</u>
		<u>Ste 1045</u>
		<u>Dallas, TX 75230</u>
	Phone	<u>972-387-4040</u>
	Fax	<u>972-387-4041</u>
	Email	<u>tnichols@greshampc.com</u>

Patient Name Ray Jacobs Date / /

Address 700 Shepard Rd.

City Hampstead State NC Zip 28443

Home Phone () Cell Phone (403) 861-7081 Email: ray.jacobs1972@yahoo.com

Date of Birth 8/18/72 Sex: Male ☒ Female ☐ SSN: / /

Reason for Visit: ~~Medical Record Review~~ (IME) ~~Deposition/ Expert Testimony/ Retainer~~ (Other) Testing as described in exhibits sent

Basic History Retired NFL player. Needs Neuropsych testing to see if he qualifies to be a class member & receive class payouts from a Class Action Settlement regarding Concussions.

Please Indicate: Plaintiff or Defendant - neither. Potential Class member

Attorney: Bruce Steckler Firm: Steckler Gresham Cochran

Address: 12720 Hillcrest Rd. Ste 1045, Dallas, TX 75230

Phone: 972-387-4040 Fax: 972-387-4041 Email: bruce@stecklerlaw.com

Paralegal/Contact: Tonja Nichols P: 404-916-0524 F: 404-535-8100 Email: tnichols@greshampc.com

Deadlines for Trials / Service Dates: no trial - Report needed ASAP

Case Name and/or Reference #: NFL Concussion Settlement - Class Action

Opposing Attorney: WIA

FOR OFFICE USE ONLY~ FOR OFFICE USE ONLY~ FOR OFFICE USE ONLY~ FOR OFFICE USE ONLY

Appointment made with: Date: Time: Office:

Acct #: Letter to the Payer/Billing Policy Sent: Received:

Encounter Form Sent: Payment Received: Medical Records Received:

NOTES:

PLEASE RETURN TO:

Sharon Adkins P: 919.785.5005 confidential legal ext.1004 F: 919.573.6689 email:sadkins@ncneuropsych.com
2605 Blue Ridge Rd., Suite 225, Raleigh, NC 27607-6459